

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

5734230

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4		2				
5		2				
6		2				
7		(3)				
8		(3)				
9		2				
10		1				
11	1					
12	1					
13	1					
14		2				
15		2				
16		2				
17		3				
18		3				
19	1					
20		1				
21		1				
22		1				
23	1					
24	1					
25	1					
26	1					
27	1					
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49						
50						
TOTAL IND.	12	↓		↓		↓
TOTAL DEP.	35	←		←		←
TOTAL CLAIMS	47					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						